Statement of Organization - Candidate Committee

Amendment			
Yes	M	No	-

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

This form must be accompanied by forms exception and exception		
L. Committee information		c. ID Number
Full Name	<u> </u>	<u> </u>
Caddell for School Bog	Ve de la constant de	
		d. Date Organized
o. Mailing Address (include City, State and Zip Code)	the Author Comes & A	d. Date Organized
1500 Cranes Creek Rd M	AR 04 2014	
1900 CIUTES CIERRA ME	-858	e. Phone Number
Com - 110 78371	OREDO	e. Phone Number
Cameron, NC 28326	There is a summer with their	910-690-2303
AND THE RESIDENCE OF THE PROPERTY OF THE PROPE		ndidate's Primary Committee
2. Candidate Information		
a, Full Name	e. Candidate ID Number	f. Party Affiliation
	Olling	i l
1 Scott Caddell	8H42U5	(Indicate Non-partisan if applicable)
	g. Office Sought	
D. Frianting reduces (mende 0.0), 5 cm.		
1500 Cranes Creek Rd Cameron, NC 28326	Goloval	2 - ard - 1-1 are-
Cameron NC 28326	300001 C	Board at Large
	h. Next Election Year	i. Jurisdiction
010 / 00 200 0 0 0 1 0 1 1 1 7 7 7 7 1		
910-690 2303 Scottcaddel 177 Dgmail.c	^{om} 2014	at large
Email copy of notices		
3. Threasurer information	4: Custodian of Books	Information
a. Full Name	a. Full Name	
B. C. II O. I.	10 10 GOO	11 Caddall
Brian Scott Caddell		H Caddell
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include	City, State, and Zip Code)
1500 Cranes Creek Rd	1500 Cranes	Creek Rd
1000 Granes Groberto		
Cameron, NC 28326	Cameron,	NC 28326
Dr. Maril Address		
910-690-2303 Scottcaddell 77 2 gmail.com	110 - 2 - 20 1 50	coffcadded 71 D gmail.
910-690-2303 John gmail.com	111/640/2300	com
I prefer to receive notices by email Yes No	Email copy of no	otices
5. Assistant Ureasurer Information Add	6. Account Informatio	on (incl. CRO-3500) 🔲 Add 🔻 🖂
a, Full Name	a. Financial Institution Ful	
	111 1	1.
	PNL Ban	<u>K</u>
b. Mailing Address (include City, State, and Zip Code)	b. Purpose	
	Campan of	realing
c. Phone Number d. Email Address	c. Account Code d.	Туре
The state of the s		1 1 .
1	/-	Checking
Email copy of notices	† ′	Cheching
CERTIFICATION		
I certify that the Committee or Fund is in compliance with	all applicable provision	s of Article 22A, 22B & 22D-22M of
Chapter 163 of the NC General Statutes and that no funds	are commingled with pr	rohibited or other non-disclosed funds.
I further certify that this report is complete, true and corre		
2 / 1/11/1 -	LI nail	_
1 Kon Sull Callell Bell	TIM LISSIN	3-4-2014
Printed Name of Signer	ignature of Appointed Treasur	er Date
	-	



North Carolina

MAR 04 2014

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

& Scott Caddell	
Brian Scot Caddell	
1500 Cranes Creek Rd	
Cameron, NC 28326	
910-690-2303	
	Brian Scott Caddell 1500 Cranes Creek Rd Cameron, NC 28326 910-690-2303

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

3-4-2014 Date Signed

Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



MAR 04 2014

North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification of Threshold

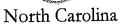
This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

FILED BY:	0 1	c 0 1 1 2	_ 1
Committee Name:	Scott Caddell	for School B	<u>oara</u>
Freasurer Name:	Brian Scott Co	rddell	
Freasurer Address:	1900 (ranes Cr	eek Rd	
(include city, state, & zip)	Carreron NC 2	8324	
Treasurer Phone:	910-690-2303		
election cycle under the prountil the end of the election expenditures during this elections and file require. THIS DECLARATION CA I am withdrawing my to file the next scheduled	mittee intends to neither receive nor expocedures set forth in G.S. 163-278.10A cycle for this committee. If this commection cycle, I understand that I must id campaign finance reports. AN ONLY BE MADE AT THE BEGIN Certification to remain at or under the report for all contributions and expog of the current election cycle. I further	This certification will remain in initiee exceeds \$1,000 in contribution middle appropriate the appropriate in the second state of the second stat	n effect tions or e-board LE. required eviously
Date Signed		2- 2	

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.





State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director

FILED BY:

Committee Name: Treasurer Name:

Treasurer Address:

(include city, state, & zip)



MAR 04 2014

MUDIC STUDY FIRE SORY

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

Creek Rd

Treasurer Phon	ne: Flo	-690-230)3		
named Committee. The savings accounts, or an	nation provided below is nese account numbers in yother financial account	clude all bank accour used for any purpose t	nts utilized, credit by the Committee.	card accounts, money	market or
provided is only used Each treasurer (or c	led on this form is considered for the purposes of an analdate) must designate	udit or investigation of te below an account	or as required by a code (any num)	a court of competent ber or letter or com	jurisdiction. bination of
code," confidentiality	by which to refer to the of the account number is p	account number on representation of the countries of the	waived.	unt number is used as t	ne account
The treasurer shall main the political committee	ntain all moneys of the p and shall not commingle	olitical committee in those funds with any	a bank account or lother moneys.	bank accounts used exc	clusively by
Type of account	Financial Institution INC Benk	Address 402 Mon 10 1 C. Abege 100	5/ Acc 78327	count Number Acc	count Code
By signing this so	tatement, I authorize ager	ats of the State Board of	in GAI	eet all accounts provid	ed.
For Candidate	Committees Only				
except that which warrant the prob	ng account information, I th is the candidate's pers e of any personal bank ac	onal funds. I furthern count that is being use	nore understand the difference of the difference	at an audit or investig penditures.	ation could
By signing this s	statement, I authorize age	nts of the State Board	of Elections to insp	pect applicable account	S.
Date Signe	ed		Signature of	Candidate or Treasurer	· · · · · ·
CRO-3500		on of Financial Accour	ıt Information	May 20	13



North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director

CRO-3900

RECEIVED

MAR 04 2014

MOCREBOS

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

May 2013

Candidate Designation of Committee Funds
This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).
Candidate Name: Scott Caddell
Candidate Name: South Caddell for School Board Committee Name: Caddell for School Board
Treasurer Name: Brian Scott Caddel
If Candidate is own treasurer, designate an agent to carry out designations:
Committee ID #:
Level Registered: [State] [County] If county, specify:
(Name of Candidate) funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a). Name of Entity (Select from §163-278.16B(a)) 1. Open Arm Church 2
By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records. Signature of Candidate: Date: Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.

Candidate Designation of Committee Funds





North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director



Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

FILED BY:	2 22 1/ 17 /
Committee Name:	Callel let School Bourd
Treasurer Name:	Brain Scott Callett
Treasurer Address:	1500 Cranes Creek Rel
(include city, state, & zip)	Cameron NL 20326
Treasurer Phone:	9/0-690-2303
election cycle under the pr until the end of the election expenditures during this el	mittee intends to neither receive nor expend more than \$1,000 during the current occdures set forth in G.S. 163-278.10A. This certification will remain in effect a cycle for this committee. If this committee exceeds \$1,000 in contributions or ection cycle, I understand that I must immediately notify the appropriate boarded campaign finance reports. AN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.
to file the next scheduled	Certification to remain at or under the \$1,000 threshold. I will now be required a report for all contributions and expenditures that have not been previously gof the current election cycle. I further agree to file all future reports required.
3-18-7014	Bia- 4/11/00U
Date Signed	Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information.

Do not use this form to update into	illiation.		interestation transaction of	STATE OF THE PARTY	
1. Committee Information					
a. Full Name		O Designation of the second	1 Percent Parties	9 14 14 15 15 16 1	: ID Number
Caddell for School	of Board	ettini etti	Sector Section		
b. Mailing Address (include City, State a	ınd Zip Code)	MAR 1.9	2014		d. Date Filed
1500 Cranes Cree Cameron, NC 78	k Pol	6.06.40. 7			3-18-2014
Cameron, NC 28	326	The state of the s	Suntain Suntain		e. Phone Number 916 - 630 - 230 3
2 Report Year 3 Period Star D		4. Period End Dat	e (mm/dd/yy)	5. Treasure	,,,,
2014 2-25-201		3-19-2016		Brans	
6: Type of Committee (Check On	(e) 9.7	ype of Report (ch	eck only one		rt from one category)
Candidate Campaign Party	Mu	nicipal	State/County		Referendum
	endum 🔲	Organizational	Organizat	ional	Organizational
Independent Expenditure	Fundraiser	Thirty-five day	Quarterly		Pre-referendum
Legal Expense Fund		Pre-primary	First		Final
		Pre-election	Seco	nd	Supplemental Final
7. Type of Fund (if applicable)	heck one) 🖟 🔲	Pre-runoff	Thir		Annual
Booster Fund	<u> </u>	Semi-annual	Four Four		Special Special
Building Fund	- 1□	Mid Year	Semi-ann		10. Special Report Name
		Year End		Year r End	no special Kepot Names
Other:		Final	Final	r Ena	
8. Number of Fundraisers this I	Керогі	Special			
Ö			Special	and the second of the second of	
11 Account Information		MI ON CONTRACTOR SOURCE	count Infor		
a. Financial Institution Full Name		a. Fina	ncial Institution	Full Name	
INV					
b. Purpose	c. Account Code	b. Purj	ose	7.00	c. Account Code
Campagn Operations					
Carajas ~	d. Period Begin B	alance			d. Period Begin Balance
Operations		Manee			\$
	\$ O				Ψ
I certify that the Committee or Fur of the NC General Statutes and tha report is complete, true and correc	at no funds are co	mmingled with prohib	ited or other n	on-disclosed f	B & 22D-22M of Chapter 163 runds. I further certify that this
Brian Scott Calle	2.//	Bra SV	Collet		3-/9-Z014 Date
Printed Name of Sign	ier	Signature o	of Appointed Tre	asurer	Date
FOR OFFICE USE ONLY	10 11		XIMO	~ 1	elivery <u>Method</u>
Date Received:	17-15	Employee:			Normal Mail
Date Postmarked:		Employee:			Registered Mail Hand Delivered
Date Scanned:		Employee:			Blectronically Filed
Date Data Entered:		Employee:			Signer has not received mandatory training
Please Note: This form cassistan You must amend	nt treasurer, cust	o amend committee todian of books info of Organization (CR	rmation, or a	ccount inform	nation.

WILL SHIMLE

Amendment

Detailed Summary

☐ No ☐ Yes Use this form to summarize all disclosure reporting forms and to total monetary information 1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number addell for School Total this Total this January 1, Start of Election Cycle: Reporting Period **Election Cycle** 4) Cash on Hand at Start RECEIPTS (CRO-1205) 5) Aggregated Contributions from Individuals 221 \$ 22/ (CRO-1210) 6) Contributions from Individuals 7) Contributions from Political Party Committees (CRO-1220) \$ 8) Contributions from Other Political Committees (CRO-1230). \$ (CRO-1410) 9) Loan Proceeds \$ (CRO-1240) (0) Refunds/Reimbursements to the Committee 11) Other Receipt Sources \$ (CRO-1250) \$ 11a) Interest on Bank Accounts \$ 11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ (CRO-1250) 11c) Outside Sources of Income \$ (CRO-1270) 11d) Legal Expense Fund - Other Sources \$ (CRO-1265) 11e) Exempt Purchase Price Sales 2 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) EXPENDITURES 13) Disbursements \$ (CRO-1310) \$ 13a) Operating Expenditures \$ 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ \$ (CRO-1310) 13c) Coordinated Party Expenditures \$ \$ (CRO-1315) 14) Aggregated Non-Media Expenditures (CRO-1420) 15) Loan Repayments (6) Refunds/Reimbursements from the Committee (CRO-1320) 47 0 (CRO-1510) 17) In-Kind Contributions 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 21) Outstanding Loans (incl. ones from other campaigns) \$ (CRO-1430) 22) Debts and Obligations owed by the Committee (CRO-1610) \$ \$ 23) Debts and Obligations owed to the Committee (CRO-1620) (CRO-1720) \$ 24) Account Transfers Within the Committee \$ (CRO-1710) 25) Administrative Support \$ (CRO-1440) \$ 26) Forgiven Loans \$ (CRO-2220) 27) 48-Hour Notice Reports Sum \$ 28) Contributions to be Refunded (CRO-1215)

MOOR COURTY PUBLIC COPY

Contr	ibutions fro	om Individua	ıls	Pg		Amendment Yes No
Use this f	form to report in	dividual contribution	ons over \$50 or co	ntributions unde	r \$50 if form CRO	1205 is not used
1. Comm	ittee Full Name	(and Fund if app	licable)		2	? ID Number
Cal	lel for	School Boo	rrel			
3. Contr	ibutor Informa	tion		Add Ren		
ENGINEER CATHERING	ne, Mailing Addres	s & Phone		b. Job Title/Profes		l. Comments
	city, state, & zip)	00 11		General	Contractor	
Brian	~Scott Ca	Stell .		c. Employer's Nan		
1500	Cornes Co	rup Rel		Set		e. Election Sum to Date
Cam	~5 cott Co Crones Cr eron NC	26326	,			\$ 22/00
		h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y) k. Amount
			F.lin Fer		2-25-2014	\$ 47
	1	Transfer	J		3-4-2014	\$ 174 05
						\$
3. Cont	ributor Informa	ation		1215年19日 1920年1920日 - 1920年192	move	
	me, Mailing Addre			b. Job Title/Profe	ession	d. Comments
(include	e city, state, & zip)					
				c. Employer's Na	me/Specific Field	
						e. Election Sum to Date
						\$
f, Prior	g, Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yy	yy) k. Amount
						\$
						\$
						\$
3. Con	ributor Inform	ation		Add R	emove	
a. Full N	ame, Mailing Addı	ress & Phone		b. Job Title/Prof	fession	d. Comments
(includ	le city, state, & zip)				
				c. Employer's N	ame/Specific Field	
			3			e. Election Sum to Date
						\$
f. Prior	g. Account Code	h. Form of Paymen	t i. In-Kind Descr	ription	j. Date (mm/dd/y	
						\$
						\$
						\$
4: To	tal only this	Page				\$ 221.00
5. To	tal of ALL C	RO-1210 Page	S Try Page CRO-1100		7.11	\$ 221.00 \$ 221
CRO-	WHITE PARTY NAMED AND ADDRESS OF THE PARTY NAMED AND ADDRESS O	ього от менень от полицения от п		Board of Elections	en e	April 2007

In-Kind Contribution	ns
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In-Kind Contributions	Ρσ) of (mendment Yes No
Use this form to report non-monetary contributions, donations, Use CRO-1215 if In-Kind Contributions were or will be	goods or services provi- refunded within 7 day	ded to the commi	ttee or f	
(Committee Full Name (and Fund if applicable)			2; ID	Number
Coolell Los Gibos Board			30 N 40 P 10 S	
S. Contributor Information Full Name, Mailing Address & Phone (include city, state, & zip)	Add Ren b. Type of Contrib Individual	Al-line and a second	c. Con	unents
Brin Scott Caddell 1500 Crones Crock Rd Convers. NL 28524	☑ Candidate ☐ Party ☐ PAC		1 161	ction Sum to Date
	Referendum Other Receipt		\$ 7	ZZ/
e. Description		f. Date (mm/dd/y)		\$ 477 CC
1./Ing Ace				\$
				\$
3. Contributor-Information	Add Re	move	le Co	mments
a. Full Name, Mailing Address & Phone (include city, state, & zip)	Individual Candidate Party PAC Referendum	Mark Switch	1,22,200	ection Sum to Date
	Other Receip	ot Source	\$	
e. Description		f. Date (mm/dd/	уууу)	g. Fair Market Amount
				\$
				\$
		ation of the state	et and a supplication of	\$
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Control Individual Candidate			omments
	Party PAC Referendum		d. F	Election Sum to Date
	Other Rece		\$	
e. Description		f. Date (mm/dd	/уууу)	g. Fair Market Amount
				\$
			· · · · · · · · · · · · · · · · · · ·	\$
4. Fotakonkythis/Rage			\$	470
5. Total of ALL CRO-1510 Pages ((Polsiting must) be on time 1/1 of Detailed Summary Pages GRO	:1100)		\$	47 a

CRO-1510

NC State Board of Elections

December 2007